Medicare SSP – ACO Measures

Note: Blue letters = proposed new measure; Red letters = measure proposed for replacement or deletion

| ACO# | Measure title | NQF# | Measure steward | Method of data submission | Pediatric | Commercial or Medicaid Measure | # | Preliminary Recommendations |
|-----------------|---|----------------|-----------------|---------------------------|-----------|--------------------------------------|---|--------------------------------|
| Domain: patien | t/caregiver experience | | _ | | | | | |
| ACO-1 | CAHPS: Getting timely care, appointments, and information | 0005 | AHRQ | Survey | | | | |
| ACO-2 | CAHPS: How well your providers communicate | 0005 | AHRQ | Survey | | | | |
| ACO-3 | CAHPS: Patients' rating of provider | 0005 | AHRQ | Survey | | | | |
| ACO-4 | CAHPS: Access to specialists | N/A | CMS | Survey | | | | |
| ACO-5 | CAHPS: Health promotion and education | N/A | CMS | Survey | | | | |
| ACO-6 | CAHPS: Shared decision making | N/A | CMS | Survey | | | | |
| ACO-7 | CAHPS: Health status/functional status | N/A | CMS | Survey | | | | |
| ACO-X | CAHPS: Stewardship of Patient Resources | N/A | CMS | Survey | | | | |
| Domain: care co | oordination/patient safety | | | | | | | |
| ACO-8 | Risk standardized all condition readmission (new version to be released Spring 2014) | 1789 (adapted) | CMS | Claims | | Both | 3 | |

| ACO-9 | Ambulatory Sensitive conditions admissions: chronic obstructive pulmonary disease (COPD) or asthma in older adults | 0275 | AHRQ, PQI-5 | Claims | | |
|--------|--|------|---------------|---|--|--|
| ACO-X | All-cause unplanned admission for DM | | AHRQ, PQI-1? | Claims | | |
| ACO-X | All-cause unplanned admission for heart failure | | AHRQ, PQI-? | Claims | | |
| ACO-X | All-cause unplanned admission for multiple chronic conditions | | AHRQ, PQI-92? | Claims | | |
| ACO-10 | Ambulatory sensitive conditions admissions: heart failure (HF) | 0277 | AHRQ | Claims | | |
| ACO-11 | Percent of primary care physicians who successfully qualify for an EHR program incentive payment | NA | CMS | Claims and EHR Incentive Program Reporting | | |
| ACO-XX | Percent of primary care physicians who successfully meet meaningful use requirements | NA | CMS | Claims and EHR Incentive Program Reporting | | |
| ACO-X | 30-day all cause SNF readmission measure | | | | | |

| CARE-1 (ACO-12) | Medication reconciliation | 0097 | AMA-PCPI/ NCQA | QMAT/WI | | | | |
|----------------------|--|------------|-------------------|---------|---|------------|---|--|
| CARE-X (ACO- XX) | Documentation of current medications in the medical record | | PQRS/EHR | | | | | |
| CARE-2 (ACO-13) | Falls: screening for future fall risk | 0101 | AMA-PCPI/ NCQA | QMAT/WI | | | | |
| Domain: preventive h | ealth | | <u>.</u> | | | | | |
| PREV-5 (ACO-20) | Breast cancer screening | NA (0031?) | NCQA | QMAT/WI | | Commercial | 5 | |
| PREV-6 (ACO-19) | Colorectal cancer screening | 0034 | NCQA | QMAT/WI | (| Commercial | 3 | |
| PREV-7 (ACO-14) | Preventive care and screening: influenza immunization | 0041 | AMA/PCPI | QMAT/WI | (| Commercial | 1 | |
| PREV-8 (ACO-15) | Pneumonia vaccination status for older adults | 0043 | NCQA | QMAT/WI | (| Commercial | 1 | |
| PREV-9 (ACO-16) | Preventive care and screening: body mass index screening and follow-up | 0421 | QIP | QMAT/WI | | | | |
| PREV-10 (ACO-17) | Preventive care and screening: tobacco use: screening and cessation intervention | 0028 | AMA/PCPI | QMAT/WI | | Commercial | 1 | |
| PREV-11 (ACO-21) | Preventive care and screening: screening for high blood pressure and follow- up documented | NA | QIP | QMAT/WI | | | | |
| PREV-12 (ACO-18) | Preventive care and screening: screening for clinical depression and follow-up plan | 0418 | QIP | QMAT/WI | | | | |

| | Depression readmission at 12 | | | | | | |
|--|--|--------|------------|----------|------------|----------|--|
| | months | | | | | | |
| Domain: at-risk popu | ılation | | <u>.</u> | <u>.</u> | | | |
| Diabetes | | | | | | | |
| DM-2 (ACO-27) | Diabetes: hemoglobin A1c poor control (>9%) | 0059 | NCQA | QMAT/WI | Commercial | 3 | |
| DM-X (ACO-41) | Diabetes foot exam | | | | | | |
| DM-X (ACO-42) | Diabetes eye exam | 0055? | NCQA/HEDIS | | Both | 5 | |
| DM-13 through 17 (ACO-22 through 26) | Diabetes all-or- nothing composite: | 0729 | MCM | QMAT/WI | | | |
| 20) | •High blood pressure control | | | | Commercial | 2 | |
| | •Low density lipoprotein (LDL-C) control | | | | Commercial | 3 | |
| | •Hemoglobin A1c control (<8%) | | | | Commercial | 3 | |
| | Daily aspirin or antiplatelet medication use for patients with diabetes and ischemic vasculardisease | | | | | | |
| | ■Tobacco non-use | | | | | | |
| | Hypertension | | | | | <u> </u> | |
| HTN-2 (ACO-28) | Controlling high blood pressure | 0018 | NCQA | QMAT/WI | Commercial | 3 | |
| _ | Ischemic vascular d | isease | | | | | |

| IVD-1 (ACO-29) | Ischemic vascular disease: complete lipid panel and LDL control | 0075 (73?) | NCQA | QMAT/WI | Commercial | 2 | |
|-----------------------|--|------------|--------------------------|---------|------------|----|--|
| IVD-2 (ACO-30) | Ischemic vascular disease: use of aspirin of another antithrombotic | 0068 | NCQA | QMAT/WI | Commercial | 1 | |
| Heart failure | | | | | | | |
| HF-6 (ACO-31) | Heart failure: beta- blocker therapy for left ventricular systolic dysfunction | 0083 | AMA/PCPI/ACC/ AHA/AMA | QMAT/WI | Commercial | 2 | |
| Coronary artery disea | ase | | | | | | |
| CAD-2 (ACO-32) | Coronary artery disease all-or- nothing composite: Lipid Control | 0074 | AMA/PCPI/ACC/ AHA/AMA | QMAT/WI | Commercial | 1 | |
| CAD-7 (ACO-33) | Angiotensin- converting enzyme inhibitor or angiotensin receptor blocker (ACE- I/ARB) therapy— diabetes or left ventricular systolic dysfunction | 0066 | AMA/PCPI/ACC/ AHA/AMA | QMAT/WI | Commercial | 2 | |
| CAD-X (ACO-43) | Antiplatelet therapy | | | | Commercial | 1? | |
| CAD-X (ACO-44) | Symptom management – CAD pt seen within 12 months for angina symptoms | | | | | | |
| CAD-X (ACO-45) | Beta blocker therapy prior MI or LVEF | 0070 | | | | | |

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*AHRQ = Agency for Healthcare Research and Quality, ACC = American College of Cardiology, AHA = AmericanHeart Association, AMA = American Medical Association, MCM = Minnesota Community Measurement, NCQA = National Committee on Quality Assurance, PCPI = Physician Consortium for Performance Improvement, QIP = Quality Insights of Pennsylvania.

**Italics = Payer appears to use same measure, though potentially with different technical specifications

Commercial Measures not part of Medicare ACO Measure Set

| ACO# | Measure title | NQF# | Measure steward | Method of data submission | Pediatric | Commercial or Medicaid Measure | # | Preliminary recommendation |
|----------------|--|------|-----------------|---------------------------|-----------|--------------------------------------|---|----------------------------|
| Domain: access | s and availability of care | | | | | | | |
| | Children and adolescents access to primary care practitioners | | NCQA/HEDIS | | P | Commercial | 2 | |
| Domain: Care | Adults access to preventive/ ambulatory health services | | | | | Commercial | 1 | |
| | % of prescribers that use e- prescribing | | | | | Commercial | 1 | |
| | Adverse event rate – outpatient procedures | | | | | Commercial | 1 | |
| | Annual % of asthma patients (ages 2-20) with one or more asthma-related emergency department visits | | | | P | Medicaid | 1 | |
| | Post-Admission Follow-up: Percentage of adults w/ inpatient "medicine" admissions with post-admission follow-up within 7 days of discharge | | | | | Medicaid | 1 | |
| | Ambulatory Sensitive | | Informed by PQI | | | Commercial | 1 | |

| Admissions | | | | | | |
|---|-------|---|---|------------|---|--|
| | 00010 | | | | 1 | |
| Annual monitoring for persistent | 0021? | | | Commercial | 1 | |
| medications (roll- | | | | | | |
| up) | | | | | | |
| High risk | | | | Commercial | 1 | |
| medication | | | | | | |
| Domain: preventive health | | | | | | |
| Cervical cancer | 0032 | NCQA/HEDIS | | Commercial | 5 | |
| screening | 0002 | 110211111111111111111111111111111111111 | | | | |
| Chlamydia | | NCQA | | Both | 3 | |
| screening in women | | | | | | |
| Lead screening in | | | P | Commercial | 2 | |
| children | | | | | | |
| Glaucoma screening | | | | Commercial | 1 | |
| | | | | | | |
| Adolescent well- | | NCQA/HEDIS | P | Commercial | 2 | |
| care visits | | | | | | |
| Developmental | 1448 | | P | Medicaid | 1 | |
| screening in the first | | | | | | |
| three years of life. | | | | | | |
| Three age breakouts | | | | | | |
| (ages 1, 2, and 3) Well-child visits in | 1392 | | P | Both | 4 | |
| the first 15 months | 1392 | | r | Bom | 4 | |
| of life | | | | | | |
| Well-child visits in | | | P | Both | 4 | |
| the third, fourth, | | | | | | |
| fifth and sixth years | | | | | | |
| of life | | | | | | |
| Annual dental visit | | | P | Both | 2 | |
| Childhood | | | P | Commercial | 1 | |
| immunizations | | | | | | |
| DTaP and IPV | | | | | | |
| Childhood | | NCQA/HEDIS | P | Commercial | 1 | |
| immunizations | | | | | | |

| MMR | | | | | |
|---|------|--------------------|-----|------------|----------|
| CI-1111 | | NGOAJIEDIG | P | Commercial | 1 |
| Childhood immunizations VZV | | NCQA/HEDIS | P | Commercial | 1 |
| Childhood immunizations status combo 2, 3, 4 | | | P | Commercial | 1 |
| Adolescent immunizations TDaP/TD and meningococcal | | | P | Commercial | 2 |
| Adolescent female immunizations HPV | | | P | Commercial | 1 |
| Prenatal care | | NCQA | | Commercial | 3 |
| Frequency of ongoing prenatal care | | | | Commercial | 1 |
| Post-partum care | | | | Commercial | 2 |
| Adult BMI assessment | | | | Commercial | 2 |
| Weight assessment and counseling for nutrition and physical activity for children/adolescents | | | | Commercial | 1 |
| Domain: at-risk population | | | | | <u> </u> |
| Asthma | | | | _ | |
| Use of appropriate medication for people with asthma | 0036 | NCQA/HEDIS/ NQF | P/A | Both | 6 |
| Disease modifying anti-rheumatic drug therapy for rheumatoid arthritis | 0054 | NCQA/HEDIS/ NQF | | Commercial | 4 |
| CAD | | | | | |

| | Persistence of Beta blocker therapy after a heart attack | 1528? 0071? | NCQA/HEDIS | Commercial | 5 |
|----------|---|-------------|------------|------------|---|
| | Lipid lowering drug for LDL>30 | | | Commercial | 2 |
| | ACE-I/ARB: Persistent use with lab monitoring | | NCQA/HEDIS | Commercial | 3 |
| | Post-MI use of ACE-I/ARB w/ h/o HTN, DM, or HF | | NCQA/HEDIS | Commercial | 2 |
| | Drug-eluting stent: antiplatelet therapy | | | Commercial | 1 |
| Cancer | | | · | | |
| | Colorectal cancer: follow-up after treatment | | | Commercial | 1 |
| COPD | | <u> </u> | | | |
| | Pharmacotherapy management of COPD exacerbation | | NCQA/HEDIS | Commercial | 2 |
| | Use of spirometry testing in the assessment and diagnosis of COPD | 0577 | | Commercial | 2 |
| Diabetes | | | | | |
| | Diabetes treatment, medication for HTN | 0546 | | Commercial | 2 |
| | Diabetes: medical attention for nephropathy | 0062 | | Commercial | 2 |
| | Diabetes: A1C testing | 0057 | NCQA/HEDIS | Both | 3 |
| | Diabetes: A1C testing, pediatric | | | Commercial | 1 |

| | Diabetes kidney | | NCQA/HEDIS | Commercial | 2 | |
|----------|-----------------------|-------|---|------------|---|--|
| | disease | | | | | |
| | monitoring/urine | | | | | |
| | protein screening | | | | | |
| | Comprehensive | | | Commercial | 2 | |
| | diabetes care | | | | | |
| | Diabetes: annual | 0063? | NCQA/HEDIS | Commercial | 3 | |
| | lipid profile | | | | | |
| | Diabetes: blood | 0061 | NCQA/HEDIS | Commercial | 1 | |
| | pressure | | | | | |
| | management | | | | | |
| | (<140/80) | | | | | |
| | Diabetes: | | | Commercial | 1 | |
| | LDL=>100 & lipid | | | | | |
| | lowering agent use | | | | | |
| | % of Metformin use | | UCLA study | Commercial | 1 | |
| | for diabetic and pre- | | | | | |
| | diabetic members | | | | | |
| | (UCLA study) | | | | | |
| | Medication | | | Commercial | 1 | |
| | adherence | | | | | |
| Epilepsy | | | | | | |
| | Anticonvulsants: | | NCQA/HEDIS | Commercial | 3 | |
| | Persistent use with | | 110011111111111111111111111111111111111 | Commercial | | |
| | lab monitoring | | | | | |
| | Carbamazepine: | | | Commercial | 2 | |
| | Persistent use with | | | | | |
| | lab monitoring | | | | | |
| | Phenobarbitol: | | | Commercial | 2 | |
| | Persistent use with | | | | | |
| | lab monitoring | | | | | |
| | Phenytoin: | | | Commercial | 2 | |
| | Persistent use with | | | | | |
| | lab monitoring | | | | | |
| | Valproic acid: | | | Commercial | 2 | |
| | Persistent use with | | | | | |
| | lab monitoring | | | | | |
| L | 1 | 1 | 1 | I | | |

| Heart failure | | | | | | |
|------------------|--|------|--------------------|--|------------|-----|
| | Heart failure: beta- blocker therapy | | ACC/AHA | | Commercial | 1 |
| | Digoxin: Persistent use with lab monitoring | | NCQA/HEDIS | | Commercial | 3 |
| Hypertension (H | TN) | | | , | | , |
| | HTN: Serum creatinine testing | | | | Commercial | 1 |
| | Diuretics Persistent use with lab monitoring | | NCQA/HEDIS | | Commercial | 3 |
| | Medication adherence | | | | Commercial | 1 |
| Ischemic stroke | 1 | 1 | | | · · | - |
| | Warfarin: PT/INR monitoring | | | | Commercial | 1 |
| Ischemic vascula | r disease (IVD) | | | <u>. </u> | | |
| | MI, CABG, PCI or IVD with complete lipid profile | | | | Both | 2 |
| | LDL>=100 and treated with lipid lowering agent, or LDL<100 | | | | Commercial | 1 |
| | LDL-C screening for patients with cardiovascular conditions | | NCQA/HEDIS | | Commercial | 1 |
| Low Back Pain | • | 1 | 1 | 1 | | 1 1 |
| | Use of imaging studies for low back pain | 0052 | NCQA/HEDIS/ NQF | | Commercial | 3 |
| Migraine | | | | | | |
| | Migraine: Frequent | | | | Commercial | 1 |

| | 6 4 1 . / | 1 | | | | 1 | |
|-----------------------|----------------------|----------|-------------|---|------------|----------|--|
| | use of acute meds/ | | | | | | |
| | receiving | | | | | | |
| | prophylactic meds | | | | | | |
| Osteoperosis | | | | | | | |
| | Osteoporosis | 0053 | NCQA/HEDIS/ | | Commercial | 5 | |
| | management in | | NQF | | | | |
| | women who had a | | | | | | |
| | fracture | | | | | | |
| Otitis Media with Eff | usion | | | | | | |
| | Tympanostomy tube | | | P | Commercial | 1 | |
| | insertion: pediatric | | | | | | |
| | hearing test | | | | | | |
| Any Diagnosis | | • | | | | | |
| | Medication | | | | Commercial | 1 | |
| | Adherence among | | | | | | |
| | members 81 years | | | | | | |
| | and older | | | | | | |
| Domain: Behavioral | | <u> </u> | | | | | |
| ADHD | | | | | | | |
| | Follow-up care for | | NCQA/HEDIS/ | P | Commercial | 3 | |
| | children prescribed | | NQF | | | | |
| | ADHD medication | | | | | | |
| Depression | | | | | | <u> </u> | |
| | Antidepressant | | NCQA/HEDIS/ | | Commercial | 3 | |
| | medication | | NQF | | | | |
| | management (acute | | | | | | |
| | or continuation?) | | | | | | |
| Any Diagnosis | , | | | | | <u> </u> | |
| | Percentage of adults | | | | Medicaid | 1 | |
| | given a new | | | | | - | |
| | psychiatric | | | | | | |
| | diagnoses, and | | | | | | |
| | medication, by a | | | | | | |
| | PCP who received a | | | | | | |
| | follow-up visit | | | | | | |
| | within 30 days | | | | | | |
| | within 30 days | | | | | | |

| | Б/П - С | | - | 1 | C | 1 1 | |
|---------------------|---|------|-------------|----------|------------|-----|--|
| | F/U after | | | | Commercial | 1 | |
| | hospitalization for | | | | | | |
| | mental illness, 7 & | | | | | | |
| | 30 days | | | | | | |
| | Potentially harmful | | | | Commercial | 1 | |
| | drug-disease | | | | | | |
| | interactions in the | | | | | | |
| Domain: acute care | | | | · | | | |
| | Avoidance of | 0058 | NCQA/HEDIS/ | | Commercial | 3 | |
| | antibiotic treatment | | NQF | | | | |
| | in adults with acute | | | | | | |
| | bronchitis | | | | | | |
| | | 000 | 1100 1 0100 | | ļ., | +_ | |
| | Appropriate testing | 0002 | NCQA/HEDIS/ | P | Commercial | 3 | |
| | for children with | | NQF | | | | |
| | pharyngitis | | | | | | |
| | Appropriate | 0069 | NCQA/HEDIS/ | P | Commercial | 4 | |
| | treatment for | | NQF | | | | |
| | children with upper | | | | | | |
| | respiratory infection | | | | | | |
| Domain: Obstetrics | <u>, , , , , , , , , , , , , , , , , , , </u> | | | | | | |
| | Cesarean section | | | | Commercial | 1 | |
| | rate in singleton low | | | | | | |
| | risk deliveries | | | | | | |
| | | | | | | | |
| | Episiotomy in | | | | Commercial | 1 | |
| | vaginal deliveries | | | | | | |
| Resource efficiency | | | | | | | |
| Resource efficiency | D 11 /1000 | | T I | <u> </u> | | 1 1 | |
| | Bed days/1000 | | | | Commercial | 1 | |
| | EOC efficiency | | | | Commercial | 1 | |
| | index | | | | | | |
| | ER: ambulatory | | | C, A | Both | 3 | |
| | visits /1k members | | | , | | | |
| | Non-emergent ER | | | | Commercial | 1 | |
| | visits/1000 | | | | | | |
| | % of ER visits Non- | | | | Commercial | 1 | |
| | emergent | | | | | | |
| | | 1 | 1 | I | 1 | 1 | |

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| ER repeat visit rate | | Commercial | 1 |
|---------------------------------------|---------|------------|---|
| % of members with 3 or more ER visits | | Commercial | 1 |
| Potentially avoidable ER rate | Custom | Commercial | 1 |
| Generic dispensing/ substitution | Custom? | Commercial | 3 |

Note:

- 1) Did not include Cigna "Evidence-based measures"
- 2) One payer appears to track and reward NCQA PCMH recognition or NCQA Bridges to Excellence Condition Specific Recognition Programs
- 3) EOC efficiency index cost comparison of complete or full year episodes of care against an adjusted average by episode treatment group.